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Form	Α

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

	<i>T</i> D	Number of	Number of hours	Amount Payable
Contractor Name: Up	•		Contract Number: C Contract End Date: J	
State Agency Name:	SUNY Upstate Me	dical University	Agency Code:	28110

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Physician Manager	2		\$504,000.00
	(SMY, RAS)		
Total This Page			
Grand Total			

Name of person who prepared this report	
Title: Flewhire Director Preparer's Signature huse Jako	Phone #:
Preparer's Signature huar Jake	(315) 464-8198
Date Prepared: 3 4 2021	